

Conducting a Discipline Hearing Registration Form

BASIC SESSION

Friday, May 25, 2018

Twenty Toronto Street Conference Centre, Second Floor, 20 Toronto St, Toronto ON M5C 2B8

Contact information: (for name badge) Dr. Mr. Ms Mrs. Other (Please specify _____)

Registrant's Name: _____

Organization: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Fax #: _____

Registrant's Email : _____

Name of person completing form (if different from Registrant): _____

Email/Phone # of person completing form: _____ / _____

Send registration information to: Registrant Person completing form Both

Registrant Information:

Dietary Restrictions: _____

Accommodation Needs: _____

Please advise if you wish to be contacted regarding your specific needs.

Have you attended a Federation Discipline Hearing Program previously? Yes No

Have you participated in one or more discipline hearings? Yes (1) Yes (between 2-5) Yes (6 or more) No

Are you willing to participate in a scripted role play? Yes No

<u>RATE SCHEDULE (INCLUDES HST)</u>	<u>Early Bird (to May 1)</u>	<u>Regular (After May 1)</u>	<u>Total</u>
Federation Member*	\$531.10	\$587.60	
Non-Member	\$587.60	\$700.60	

***Member rates apply to all Council, Committee Members, and Staff of Federation Members**

Submit completed forms to the Federation Office via:

email: info@regulatedhealthprofessions.on.ca, or

Fax: 1-866-814-6456, or

Mail: Federation of Health Regulatory Colleges of Ontario

Suite 301 - 396 Osborne St, PO Box 244

Beaverton ON L0K 1A0

Make cheques payable to:

Federation of Health Regulatory Colleges of Ontario

Payment Method:

Cheque VISA MasterCard AMEX

If by credit card:

Card #: _____ Exp: _____

Cardholder's Name: _____

Signature: _____

(If completing form electronically, cardholders not able to include e-Signature will be contacted for verification)

Policies: Cancellations received in writing not less than ten (10) business days prior to the event will receive a full refund. Cancellations received less than ten (10) business days will not be refunded, but substitutions are permitted. Registration in the FHRCO Discipline Orientation Program is restricted to individuals who serve on or support a discipline committee at a regulatory college and employees of related agencies at the invitation of a FHRCO member or administration.

Confirmation: All registrations will be confirmed via fax or email within five (5) business days of receipt of the form. If you do not receive a confirmation, please contact the Federation office by phone (416-493-4076), fax (1-866-814-6456), or email (info@regulatedhealthprofessions.on.ca)

Click here to submit by email
(Please ensure you are sending from a secure system if you are including credit card information.)